

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE:				
							APPLICANT'S	09/284436				
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51	/				
2	/						52	/				
3	/						53	/				
4	/						54	/				
5	/						55	/				
6	/						56	/				
7	/						57	/				
8	/						58	3				
9	/						59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
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14	/						64	/				
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33	/						83	/				
34	/						84	/				
35	/						85	/				
36	/						86	/				
37	/						87	/				
38	/						88	/				
39	/						89	/				
40	/						90	/				
41	/						91	/				
42	/						92	/				
43	/						93	/				
44	/						94	/				
45	/						95	/				
46	/						96	/				
47	/						97	/				
48	/						98	/				
49	/						99	/				
50	/						100	/				
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

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						APPLICANT(S)		09/284436
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
101	/							
102	/							
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147								
148								
149								
150								
TOTAL IND.	181		3					
TOTAL DEP.	89	19						
TOTAL CLAIMS	107	22						